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Substitute for Form 1449/PTO	Complete if Known	
	Application Number	10/571,215
INFORMATION DISCLOSURE	Filing Date	November 15, 2006
STATEMENT BY APPLICANT	First Named Inventor	Johnannes DEICHMANN
(Use as many sheets as necessary)	Art Unit	3746
	Examiner Name	MYERS, JESSICA L
Sheet I of I	Attorney Docket Number	502901-341PUS

				NT DOCUMENTS	
Examiner Initials*	Cite No. 1	Document Number  Number-Kind-Code <sup>2 (if ksown)</sup>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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		Kind-Code 5 (if known			or Relevant Figures Appear	
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Signature	Considered		
*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPE	609. Draw line thro	ough citation if not in conformance and not considered. Include	
copy of this form with next communication to applicant. 'Applicant's unique citation designation	umber (optional). 3	ee Kinds Codes of USPTO Patent Documents at	

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